

SECOND REGULAR SESSION

# SENATE BILL NO. 1201

93RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR DOUGHERTY.

Read 1st time March 1, 2006, and ordered printed.

TERRY L. SPIELER, Secretary.

4552S.011

## AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof one new section relating to medical assistance eligibility.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 208.151, RSMo, is repealed and one new section  
2 enacted in lieu thereof, to be known as section 208.151, to read as follows:

208.151. 1. For the purpose of paying medical assistance on behalf of  
2 needy persons and to comply with Title XIX, Public Law 89-97, 1965 amendments  
3 to the federal Social Security Act (42 U.S.C. Section 301 et seq.) as amended, the  
4 following needy persons shall be eligible to receive medical assistance to the  
5 extent and in the manner hereinafter provided:

6 (1) All recipients of state supplemental payments for the aged, blind and  
7 disabled;

8 (2) All recipients of aid to families with dependent children benefits,  
9 including all persons under nineteen years of age who would be classified as  
10 dependent children except for the requirements of subdivision (1) of subsection  
11 1 of section 208.040;

12 (3) All recipients of blind pension benefits;

13 (4) All persons who would be determined to be eligible for old age  
14 assistance benefits, permanent and total disability benefits, or aid to the blind  
15 benefits under the eligibility standards in effect December 31, 1973, or less  
16 restrictive standards as established by rule of the family support division, who  
17 are sixty-five years of age or over and are patients in state institutions for mental  
18 diseases or tuberculosis;

19 (5) All persons under the age of twenty-one years who would be eligible

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

20 for aid to families with dependent children except for the requirements of  
21 subdivision (2) of subsection 1 of section 208.040, and who are residing in an  
22 intermediate care facility, or receiving active treatment as inpatients in  
23 psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

24 (6) All persons under the age of twenty-one years who would be eligible  
25 for aid to families with dependent children benefits except for the requirement of  
26 deprivation of parental support as provided for in subdivision (2) of subsection 1  
27 of section 208.040;

28 (7) All persons eligible to receive nursing care benefits;

29 (8) All recipients of family foster home or nonprofit private child-care  
30 institution care, subsidized adoption benefits and parental school care wherein  
31 state funds are used as partial or full payment for such care;

32 (9) All persons who were recipients of old age assistance benefits, aid to  
33 the permanently and totally disabled, or aid to the blind benefits on December 31,  
34 1973, and who continue to meet the eligibility requirements, except income, for  
35 these assistance categories, but who are no longer receiving such benefits because  
36 of the implementation of Title XVI of the federal Social Security Act, as amended;

37 (10) Pregnant women who meet the requirements for aid to families with  
38 dependent children, except for the existence of a dependent child in the home;

39 (11) Pregnant women who meet the requirements for aid to families with  
40 dependent children, except for the existence of a dependent child who is deprived  
41 of parental support as provided for in subdivision (2) of subsection 1 of section  
42 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose  
44 family income does not exceed an income eligibility standard equal to one  
45 hundred eighty-five percent of the federal poverty level as established and  
46 amended by the federal Department of Health and Human Services, or its  
47 successor agency;

48 (13) Children who have attained one year of age but have not attained six  
49 years of age who are eligible for medical assistance under 6401 of P.L. 101-239  
50 (Omnibus Budget Reconciliation Act of 1989). The family support division shall  
51 use an income eligibility standard equal to one hundred thirty-three percent of  
52 the federal poverty level established by the Department of Health and Human  
53 Services, or its successor agency;

54 (14) Children who have attained six years of age but have not attained  
55 nineteen years of age. For children who have attained six years of age but have

56 not attained nineteen years of age, the family support division shall use an  
57 income assessment methodology which provides for eligibility when family income  
58 is equal to or less than equal to one hundred percent of the federal poverty level  
59 established by the Department of Health and Human Services, or its successor  
60 agency. As necessary to provide Medicaid coverage under this subdivision, the  
61 department of social services may revise the state Medicaid plan to extend  
62 coverage under 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained  
63 six years of age but have not attained nineteen years of age as permitted by  
64 paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income  
65 assessment methodology as authorized by paragraph (2) of subsection (r) of 42  
66 U.S.C. 1396a;

67 (15) The family support division shall not establish a resource eligibility  
68 standard in assessing eligibility for persons under subdivision (12), (13) or (14)  
69 of this subsection. The division of medical services shall define the amount and  
70 scope of benefits which are available to individuals eligible under each of the  
71 subdivisions (12), (13), and (14) of this subsection, in accordance with the  
72 requirements of federal law and regulations promulgated thereunder;

73 (16) Notwithstanding any other provisions of law to the contrary,  
74 ambulatory prenatal care shall be made available to pregnant women during a  
75 period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as  
76 amended;

77 (17) A child born to a woman eligible for and receiving medical assistance  
78 under this section on the date of the child's birth shall be deemed to have applied  
79 for medical assistance and to have been found eligible for such assistance under  
80 such plan on the date of such birth and to remain eligible for such assistance for  
81 a period of time determined in accordance with applicable federal and state law  
82 and regulations so long as the child is a member of the woman's household and  
83 either the woman remains eligible for such assistance or for children born on or  
84 after January 1, 1991, the woman would remain eligible for such assistance if she  
85 were still pregnant. Upon notification of such child's birth, the family support  
86 division shall assign a medical assistance eligibility identification number to the  
87 child so that claims may be submitted and paid under such child's identification  
88 number;

89 (18) Pregnant women and children eligible for medical assistance  
90 pursuant to subdivision (12), (13) or (14) of this subsection shall not as a  
91 condition of eligibility for medical assistance benefits be required to apply for aid

92 to families with dependent children. The family support division shall utilize an  
93 application for eligibility for such persons which eliminates information  
94 requirements other than those necessary to apply for medical assistance. The  
95 division shall provide such application forms to applicants whose preliminary  
96 income information indicates that they are ineligible for aid to families with  
97 dependent children. Applicants for medical assistance benefits under subdivision  
98 (12), (13) or (14) shall be informed of the aid to families with dependent children  
99 program and that they are entitled to apply for such benefits. Any forms utilized  
100 by the family support division for assessing eligibility under this chapter shall be  
101 as simple as practicable;

102 (19) Subject to appropriations necessary to recruit and train such staff,  
103 the family support division shall provide one or more full-time, permanent case  
104 workers to process applications for medical assistance at the site of a health care  
105 provider, if the health care provider requests the placement of such case workers  
106 and reimburses the division for the expenses including but not limited to salaries,  
107 benefits, travel, training, telephone, supplies, and equipment, of such case  
108 workers. The division may provide a health care provider with a part-time or  
109 temporary case worker at the site of a health care provider if the health care  
110 provider requests the placement of such a case worker and reimburses the  
111 division for the expenses, including but not limited to the salary, benefits, travel,  
112 training, telephone, supplies, and equipment, of such a case worker. The division  
113 may seek to employ such case workers who are otherwise qualified for such  
114 positions and who are current or former welfare recipients. The division may  
115 consider training such current or former welfare recipients as case workers for  
116 this program;

117 (20) Pregnant women who are eligible for, have applied for and have  
118 received medical assistance under subdivision (2), (10), (11) or (12) of this  
119 subsection shall continue to be considered eligible for all pregnancy-related and  
120 postpartum medical assistance provided under section 208.152 until the end of  
121 the sixty-day period beginning on the last day of their pregnancy;

122 (21) Case management services for pregnant women and young children  
123 at risk shall be a covered service. To the greatest extent possible, and in  
124 compliance with federal law and regulations, the department of health and senior  
125 services shall provide case management services to pregnant women by contract  
126 or agreement with the department of social services through local health  
127 departments organized under the provisions of chapter 192, RSMo, or chapter

128 205, RSMo, or a city health department operated under a city charter or a  
129 combined city-county health department or other department of health and senior  
130 services designees. To the greatest extent possible the department of social  
131 services and the department of health and senior services shall mutually  
132 coordinate all services for pregnant women and children with the crippled  
133 children's program, the prevention of mental retardation program and the  
134 prenatal care program administered by the department of health and senior  
135 services. The department of social services shall by regulation establish the  
136 methodology for reimbursement for case management services provided by the  
137 department of health and senior services. For purposes of this section, the term  
138 "case management" shall mean those activities of local public health personnel  
139 to identify prospective Medicaid-eligible high-risk mothers and enroll them in the  
140 state's Medicaid program, refer them to local physicians or local health  
141 departments who provide prenatal care under physician protocol and who  
142 participate in the Medicaid program for prenatal care and to ensure that said  
143 high-risk mothers receive support from all private and public programs for which  
144 they are eligible and shall not include involvement in any Medicaid prepaid,  
145 case-managed programs;

146 (22) By January 1, 1988, the department of social services and the  
147 department of health and senior services shall study all significant aspects of  
148 presumptive eligibility for pregnant women and submit a joint report on the  
149 subject, including projected costs and the time needed for implementation, to the  
150 general assembly. The department of social services, at the direction of the  
151 general assembly, may implement presumptive eligibility by regulation  
152 promulgated pursuant to chapter 207, RSMo;

153 (23) All recipients who would be eligible for aid to families with dependent  
154 children benefits except for the requirements of paragraph (d) of subdivision (1)  
155 of section 208.150;

156 (24) [(a)] All persons who would be determined to be eligible for old age  
157 assistance benefits, **permanent and total disability benefits, or aid to the**  
158 **blind benefits**, under the eligibility standards in effect December 31, 1973[, as  
159 authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as  
160 contained in the Medicaid state plan as of January 1, 2005]; except that, on or  
161 after July 1, [2005] **2002**, less restrictive income methodologies, as authorized in  
162 42 U.S.C. Section 1396a(r)(2), [may] **shall** be used to [change] **raise** the income  
163 limit [if authorized by annual appropriation;

164 (b) All persons who would be determined to be eligible for aid to the blind  
165 benefits under the eligibility standards in effect December 31, 1973, as authorized  
166 by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the  
167 Medicaid state plan as of January 1, 2005, except that] **to eighty percent of**  
168 **the federal poverty level and, as of July 1, 2003, less restrictive income**  
169 **methodologies, as authorized in 42 U.S.C. Section 1396(r)(2), shall be**  
170 **used to raise the income limit to ninety percent of the federal poverty**  
171 **level, and as of July 1, 2004,** less restrictive income methodologies, as  
172 authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income  
173 limit to one hundred percent of the federal poverty level[;

174 (c) All persons who would be determined to be eligible for permanent and  
175 total disability benefits under the eligibility standards in effect December 31,  
176 1973, as authorized by 42 U.S.C. 1396a(f); or less restrictive methodologies as  
177 contained in the Medicaid state plan as of January 1, 2005; except that, on or  
178 after July 1, 2005, less restrictive income methodologies, as authorized in 42  
179 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized  
180 by annual appropriations]. **If federal law or regulation authorizes the**  
181 **family support division to, by rule, exclude the income or resources of**  
182 **a parent or parents of a person under the age of eighteen and such**  
183 **exclusion of income or resources can be limited to such parent or**  
184 **parents, then notwithstanding the provisions of section 208.010:**

185 (a) **The division may by rule exclude such income or resources**  
186 **in determining such person's eligibility for permanent and total**  
187 **disability benefits; and**

188 (b) Eligibility standards for permanent and total disability benefits shall  
189 not be limited by age;

190 (25) Persons who have been diagnosed with breast or cervical cancer and  
191 who are eligible for coverage pursuant to 42 U.S.C. 1396a  
192 (a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of  
193 presumptive eligibility in accordance with 42 U.S.C. 1396r-1.

194 2. Rules and regulations to implement this section shall be promulgated  
195 in accordance with section 431.064, RSMo, and chapter 536, RSMo. Any rule or  
196 portion of a rule, as that term is defined in section 536.010, RSMo, that is created  
197 under the authority delegated in this section shall become effective only if it  
198 complies with and is subject to all of the provisions of chapter 536, RSMo, and,  
199 if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are

200 nonseverable and if any of the powers vested with the general assembly pursuant  
201 to chapter 536, RSMo, to review, to delay the effective date or to disapprove and  
202 annul a rule are subsequently held unconstitutional, then the grant of  
203 rulemaking authority and any rule proposed or adopted after August 28, 2002,  
204 shall be invalid and void.

205         3. After December 31, 1973, and before April 1, 1990, any family eligible  
206 for assistance pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of  
207 the last six months immediately preceding the month in which such family  
208 became ineligible for such assistance because of increased income from  
209 employment shall, while a member of such family is employed, remain eligible for  
210 medical assistance for four calendar months following the month in which such  
211 family would otherwise be determined to be ineligible for such assistance because  
212 of income and resource limitation. After April 1, 1990, any family receiving aid  
213 pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the six months  
214 immediately preceding the month in which such family becomes ineligible for  
215 such aid, because of hours of employment or income from employment of the  
216 caretaker relative, shall remain eligible for medical assistance for six calendar  
217 months following the month of such ineligibility as long as such family includes  
218 a child as provided in 42 U.S.C. 1396r-6. Each family which has received such  
219 medical assistance during the entire six-month period described in this section  
220 and which meets reporting requirements and income tests established by the  
221 division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall  
222 receive medical assistance without fee for an additional six months. The division  
223 of medical services may provide by rule and as authorized by annual  
224 appropriation the scope of medical assistance coverage to be granted to such  
225 families.

226         4. When any individual has been determined to be eligible for medical  
227 assistance, such medical assistance will be made available to him or her for care  
228 and services furnished in or after the third month before the month in which he  
229 made application for such assistance if such individual was, or upon application  
230 would have been, eligible for such assistance at the time such care and services  
231 were furnished; provided, further, that such medical expenses remain unpaid.

232         5. The department of social services may apply to the federal Department  
233 of Health and Human Services for a Medicaid waiver amendment to the Section  
234 1115 demonstration waiver or for any additional Medicaid waivers necessary not  
235 to exceed one million dollars in additional costs to the state. A request for such

236 a waiver so submitted shall only become effective by executive order not sooner  
237 than ninety days after the final adjournment of the session of the general  
238 assembly to which it is submitted, unless it is disapproved within sixty days of  
239 its submission to a regular session by a senate or house resolution adopted by a  
240 majority vote of the respective elected members thereof.

241           6. Notwithstanding any other provision of law to the contrary, in any  
242 given fiscal year, any persons made eligible for medical assistance benefits under  
243 subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if  
244 annual appropriations are made for such eligibility. This subsection shall not  
245 apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

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Bill

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